


Please type a plus sign (+) inside this box →

PTO/SB/08B (10-96)  
Approved for use through 10/31/99. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
tion of information unless it contains a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1448B/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	09/575,154
				Filing Date	May 23, 2000
				First Named Inventor	PAUL LAPSTUN
				Group Art Unit	2876
				Examiner Name	ST. EYK
				Attorney Docket Number	NPT001US
Sheet	1	of	1		

[illegible]

Examiner Signature		Date Considered	12/23/05
-----------------------	---	--------------------	----------

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

**Burden Hour Statement:** This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**



PTO/SB/08A (10-01)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> (use as many sheets as necessary)			<b>Complete If Known</b>	
Application Number			09/575.154	
Filing Date			May 23, 2000	
First Named Inventor			Paul Lapstun	
Art Unit			2876	
Examiner Name			ST.EYR	
Attorney Docket Number			NPT001US	

[illegible][illegible]

Examiner Signature		Date Considered	12/22/08
-----------------------	---	--------------------	----------

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's true classification designation number of this form with the USPTO Classification of the appropriate  
 2 See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP  
 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3).  
 4 For Japanese patent documents, the  
 5 Kind of document by the  
 6 Applicant is to place a check mark here if

**Burden Hour Statement:** This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**